PATENT APPLICATION FEE DETERMINATION RECOR									Application or Docket Number					
Effective October 1, 2000									984	. (	194	US/		
CLAIMS AS FILED - PART I (Column 1) (Column 2)									<b>УТІТУ</b>	OR	OTHER SMALL			
TOTAL CLAIMS			29				R	ATE	FEE	1	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BAS	C FEE	355.00	OR	Basic Fee	710.00		
TOTAL CHARGEABLE CLAIMS			29 minus 20=		• 9		X	9=		OR	X\$18=	162		
INDEPENDENT CLAIMS			4 minus 3 =				X	X40=		OR	X80=	9		
ML	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=		OR	+270=	20		
" if the difference in column 1 is less than zero, enter "0" in column 2								TAL	<del> </del>	OR	TOTAL	a12		
CLAIMS AS AMENDED - PART II									<u> </u>	,	OTHER	THAN		
_		nn 2)	(Column 3)	SMALL ENTITY			OR	SMALL						
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER DUSLY	PRESENT EXTRA	R/	NTE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total .	.32	Minus	. 2	-9	-3	X	9=		OR	X\$18=	54.00		
	Independent	ATATION OF M	Minus II TIDI E DEI	ess (	CI AIRA	= /	X	X40=		OR	X80=	84.00		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								35=		OR	+270=			
								OTAL I. FEE		OR	TOTAL ADDIT, FEE	138.0		
		(Column 1)		(Colui	mn 2)	(Column 3)	,				- WOM. FEE.	pel		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER SUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Mirus .	••		-	X\$	9=		OR	X\$18=			
	Independent	<u> </u>	Minus	•••		<b>-</b> ·	X4	0=		OR	X80=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270==			
٠								OTAL FEE		OR	TOTAL			
	(Column 1) (Column 2) (Column 3)										-1001. FEES			
AMENDMENT C		CLAIMS REMAINING AFTER AMENOMENT		NUME PREVIO PAID	BER DUSLY	PRESENT EXTRA	FLA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=	X\$	9=		OR	X\$18=			
	independent	•	Minus	***		z	X4	<u></u>			X80=			
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<del>  ^*</del>	<del>-</del> -		OR	^00-			
" If the entry in column 1 is less than the entry in column 2, write "O" in column 3,								5= OTAL		OR	+270=			
*1	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT, FEE			
	The "Highest Num	ber Previously Pai	For (Total or	independe	ent) is the	highest numbe	r tound in 1	he app	xod stanqov	in coli	amn 1.	1		
FORM	PTO-475						Description	T	ndr Offine 111	- 200	ANTHENT OF	201415005		

(Rev. 8/00)

"U.S. GPO: 2000-460-706/30103

**BEST AVAILABLE COPY**